

By signing this form, the camp employee confirms the accuracy of these records and that all NCAA and institutional policies regarding camps & clinics have been satisfied. THIS FORM IS DUE TWO WEEKS PRIOR TO CAMP/CLINIC. With post signature due the Monday following the camp/clinic.

List of Camp Employees

Sport: _____

Date(s) of Camp: _____

Page: _____ **of** _____

Camp Employee	Social Security #	Current S-A Former S-A H.S. Coach 2 Yr College Coach 4 Yr Coach None of the above (Please list below)	Compensation Rate Specify hourly or flat rate	Days/Hours Worked	Total Amount	Camp Employee Signature Pre-camp: I agree to work for this amount Post-camp: I agree I have received the following amount
						Pre: Post:
						Pre: Post:
						Pre: Post:
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						Pre: Post:
						Pre: Post:
						Pre: Post:
						Pre: Post:

*Sign Last Page Only

Signature Head Coach Date

Signature Camp Director Date

Signature Dir. Of Athletics Date

Signature Dir. Of Compliance Date

Signature Asst. Dir. Over Sport Date

Signature Budget Officer Date